822C (Official Form 22C) (Chapter 13) (01/08)

tan in the control of	According to the calculations required by this statement:
In re	🗓 The applicable commitment period is 3 years.
\$36537(\$)	The applicable commitment period is 5 years.
	Disposable income is determined under § 1325(b)(3).
Case Number: (3 known)	① Disposable income not determined under § 1325(b)(3).
***	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and I, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

befor divid	siender months prior to filing the bankruptcy case, is the filing. If the amount of monthly income varie the six-month total by six, and enter the result of	ed during the six months, y	e month	Det	imn A Stor's Some	8	Humn I pouss's ncoms
Gree	ı wages, salary, tips, bonuses, overtime, comm	nissions.		\$	0	\$	N.A
Line a than c attach	ne from the operation of a business, profession and enter the difference in the appropriate column one business, profession or farm, enter aggregate rument. Do not enter a number less than zero. Do case expenses entered on Line base a deduction	n(s) of Line 3. If you opers numbers and provide details not include any part of t	e more on an				
8,	Gross receipts	\$	0				
8 ,	Ordinary and necessary business expenses	\$	0				
Ç.	Business income	Subtract Line b from Li	76 B	\$	0	*	N.A
not ii	ence in the appropriate column(s) of Une 4. Do no actude any part of the operating expenses ent	c entor a number less than ared on Line bas a dedu	zero. Dy				
Part :	Grass receipts		0		:		
£0000000000	999 days				:		
8.	Gross receipts	\$	\$ \$		Ö	*	N.A
8. 0.	Grass receipts Ordinary and nacessary operating expenses	\$	\$ \$	**	o o	<u> </u>	P0000000000000000000000000000000000000
a. b. Inter	Grass receipts Ordinary and necessary operating expenses Rent and other real property income	\$	\$ \$	\$	0 3	<u></u>	N./ N./ N./

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822C (Official Form 22C) (Chapter 13) (01/08) - Cont.

Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column 8 that was NOT paid on a regular basis for the 18 household expenses of you or your dependents. Specify, in the lines below, the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. \$ 0 ä. O **3.** ģ €. \$ Ö Total and enter on time 19. Current monthly income for \$1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 20 Ü Annualized current monthly income for §1325(b)(3). Hultiply the amount from Line 20 by the number 12 and enter the result. Applicable median family income. Enter the amount from Line 16. \$ 48.140 Application of §1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)." at the top of page 1 of this statement and complete the remaining parts of this ¥. 23 statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under \$1325(b)(3)" at the top of page 1 of this statement and continue with Part Vil of this statement. Do not complete Parts IV, V or VI. PER IV. CALCULATION OF OF DUCTIONS FROM INCOME. Subpart A: Deductions under Standards of the Internal Revenue Service (IRS). National Standards: food, clothing, household supplies, personal care, and miscelleneous. Enter "Total" amount from IRS National Standards for Allowable Living Expenses for 244 the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the benkruptcy court.) Mational Standards: health care. Enter in Line at below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at <u>www.usdot.cov/ust/</u> or from the clark of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years * 4 or older. (The total number of household members must be the same as the number stated in Line 84 16b). Multiply line at by Line bit to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 248 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 198. Household members under 65 years of age Household members 65 years of age or older ×3 Allowance per member \$Z. Allowance per member N.A. N.A. 53. Number of members 52. Number of members N.A. NA €1. Subtotal 82. Subtotal N.A. N.A. N.A *** LOCAL Standards: housing and utilities; non-mortgage expenses. Enter emount of the IRS 254 Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoi.gov/ust/ or from the dark of the bankruptcy court.) N.A.

822C (Official Form 22C) (Chapter 13) (01/08) - Cont.

	8.	IRS Housing and Utilities Standards; mortgage/rentel expense	\$	N.A.		
8	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	<u> </u>	N.A.		
	€,	Net mortgage/rental expanse	Subtract Line t	***************************************	\$	N.A.
	Housin	'5A and 25B does not accurately compute the allowance to which g and Utilities Standards, enter any additional amount to which y ne basis for your contention in the space below:			*	N.A.
្ឋ		ng a vehicle and regardless of whether you use public transports	*****		×	
A	expens If you Trensp IRS Lo Statist	the number of vehicles for which you pay the operating expenses as are included as a contribution to your household expenses in Lichacked O, enter on Line 27A the "Public Transportation" amount ortation. If you checked 1 or 2 or more, enter on Line 27A the "O tal Standards: Transportation for the applicable number of vehicle cal Area or Census Region. (These amounts are available at many bankruptcy court.)	ine 7, 0 0 1 ; from IRS Local Si perating Costs" a as in the applicab	L 2 or more. Canderds: mount from le Metropolitan	*	N.A.
	expens If you Trensp IRS Lo Statist of the Local the op entities Trensp	es are included as a contribution to your household expenses in L checked O, enter on Line 27A the "Public Transportation" amount ortation. If you checked 1 or 2 or more, enter on Line 27A the "O cal Standards: Transportation for the applicable number of vehicle cal Area or Census Region. (These amounts are evalleble at many	ine 7. 0 0 ; from IRS Local St perating Coats" a as in the applicab .usciol.gov/ust/ o artation expen and you contend es, enter on Line	I 2 or more. Isondards: mount from Ne Metropolitan r from the clark Se. If you pay that you are 278 the "Public	*	NA.
	if you If you Trensp IRS Local the openities Trensp William I Local to of vehicles Enter, (average Lines)	es are included as a contribution to your household expenses in Lichacked O, enter on Line 27A the "Public Transportation" amount criation. If you checked 1 or 2 or more, enter on Line 27A the "O cal Standards: Transportation for the applicable number of vehicle cal Area or Census Region. (These amounts are available at warm bankruptcy court.) Standards: transportation; additional public transportation, it to an additional deduction for your public transportation, it to an additional deduction for your public transportation expens ortation" amount from the IRS Local Standards: Transportation. additional amount from the clerk of the bankruptcy court.) Standards: transportation ownership/lease expense its for which you claim an ownership/lease expense. (You may not for more than two vehicles.) Lical 2 or more. In Line 3 below, the "Ownership Costs" for "One Car" from the IRS pies at wyor, using conficient or from the clerk of the bankruptcy cole and enter the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28.	ine 7. 0 0 : from IRS Local Steperating Coats' as in the application expensed you contend es, enter on Line (This amount is a Chical Standards out); enter in Line 17; subtian zero.	i 2 or more. candards: mount from le Metropolitan r from the clark se. If you pay that you are 278 the "Public ivaliable at eck the number ship/lease : Transportation b the total of the	*	
/A //B //B //B //B //B //B //B //B //B /	if you Trenspiles Local the openities Trenspiles of vehice expense Enter, (avails Avereg	es are included as a contribution to your household expenses in Lichecked C, enter on Line 27A the "Public Transportation" amount ortation. If you checked 1 or 2 or more, enter on Line 27A the "Otal Standards: Transportation for the applicable number of vehicle cal Area or Census Region. (These amounts are available at wood bankruptcy court.) Standards: transportation; additional public transportation, it is an additional deduction for your public transportation expense artation" amount from the IRS Local Standards: Transportation. xiologov/usi/ or from the clerk of the bankruptcy court.) Standards: transportation ownership/lease expense les for which you claim an ownership/lease expense. (You may not for more than two vehicles.)	ine 7. 0 0 : from IRS Local Siperating Costs" as in the application expensed you contend es, enter on Une (This amount is a cost claim an owner of Local Standards urt); enter in Une (in Une 47; subt	i 2 or more. candards: mount from le Metropolitan r from the clark se. If you pay that you are 278 the "Public ivaliable at eck the number ship/lease : Transportation b the total of the	*	
78	if you If you Trensp IRS Local the openities Trensp William I Local to of vehicles Enter, (average Lines)	es are included as a contribution to your household expenses in Lichacked O, enter on Line 27A the "Public Transportation" amount criation. If you checked 1 or 2 or more, enter on Line 27A the "O cal Standards: Transportation for the applicable number of vehicle cal Area or Census Region. (These amounts are available at warm bankruptcy court.) Standards: transportation; additional public transportation, it to an additional deduction for your public transportation, it to an additional deduction for your public transportation expens ortation" amount from the IRS Local Standards: Transportation. additional amount from the clerk of the bankruptcy court.) Standards: transportation ownership/lease expense its for which you claim an ownership/lease expense. (You may not for more than two vehicles.) Lical 2 or more. In Line 3 below, the "Ownership Costs" for "One Car" from the IRS pies at wyor, using conficient or from the clerk of the bankruptcy cole and enter the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28. Do not enter an amount least the result in Line 28.	ine 7. 0 0 : from IRS Local Steperating Coats' as in the application expensed you contend es, enter on Line (This amount is a Chical Standards out); enter in Line 17; subtian zero.	i 2 or more. iandards: mount from le Metropolitan r from the clark Se. If you pay that you are 278 the "Public lesileble at eck the number ship/lease : Transportation b the total of the set Une b from	*	

	(availab	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the cierk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vahicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.						
	8 .	IRS Transportation Standards, Ownership Costs, Second Car	\$ N.A.					
	b .	Average Monthly Payment for any debts secured by Vahide 2, as stated in Line 47	* N.A.					
	C.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	N.A.			
W	for all fo	Necessary Expenses: taxes. Enter the total average monthly rall federal, state and local taxes, other than rael estate and sales loyment taxes, social security taxes, and Medicare taxes. On not	i texes, such as incoma taxes,	\$	N.A.			
	payroll o union di	Necessary Expenses: mandatory payroli deductions. leductions that ere required for your employment, such as manda- uss, and uniform costs. Do not include discretionary amounts, contributions.	tory retirement contributions,	*	N.A.			
2	actually	Necessary Expenses: life insurance. Enter total average pay for term life insurance for yourself. Do not include premium life or for any other form of insurance.	monthly premiums that you ns on your depandents, for	\$	N.A.			
3	you are	Necessary Expanses: court-ordared payments. Enteringuined to pay pursuant to the order of a court or administrative payments. Do not include payments on past due support of	agency, such as spousal or child	\$	N.A.			
4	challe: conditio	Necessary Expenses: education for employment or for nged child. Enter the total monthly amount that you actually ex n of employment and for education that is required for a physically ant child for whom no public education providing similar services is	pend for education that is a y or mentally challenged	\$	N.A.			
	expend	Necessary Expenses: childcare. Enter the total average ma on childcare—such as heby-sitting, day care, nursery and prescho ional payments.	onthly amount that you actually cl. Do not include other	\$	N.A.			
6	actuali that is amoun	Nacessary Expenses: health care. Enter the total average axpend on health care that is required for the health and welfare not relimbursed by insurance or paid by a health sevings account, it entered in Line 248. Do not include payments for health insurance listed in Line 39.	of yourself or your dependents, and that is in excess of the	**	N.A.			
2	amount osii pho extent n	Necessary Expenses: telecommunication services. Entitle you actually pay for telecommunications services other than the service - such as pagers, call weiting, caller lid, special long distances for your health and welfers or that of your dependents. (sly deducted.)	your basic home telephone and zence, or internet service—to the	*	N.A.			
		Expenses Allowed under IRS Standards. Enter the total		•	N.A.			

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B22C (Official Form 22C) (Chapter 13) (01/08) - Cont.

		Si Nasy: De net	bpart & Additional Living & Include any expenses that yo	panse Deduction u nave Neter in	ia Lines 24-37 (
	monthly		lity Insurance and Health Sat orles set out in lines a-c below that s ts.				,
	8.	Health Insurance		*	N.A.		
36	b.	Disability Insurance	**************************************	*	N.A.		
	C.	Health Sevings Acco	aunt	*	N.A.		
			end this total amount, state your s	ctusi sverage expe		N.A.	
46	average support	actual monthly expens of an elderty, chronical	to the care of household or fa es that you will continue to pay for t ly ill, or disabled member of your ho such expenses. Do not include pa	he reasonable and r usehold or member	lecessary care and of your immediate	\$ N.A.	
	expense Preventi	s that you actually incl	y violence. Enter the total average or to maintain the safety of your fam other applicable federal law. The na rt.	ily under the Family	Violence	* n.a.	
42	by IRS b must pr	ocal Standards for Hou ovide your case trus	the total everage monthly amount, sing and Utilities that you actually a tee with documentation of your in a mount claimed is ressonab	spend for home one sctual expanses, a	rgy costs, You	\$ N.A.	
42	expenses elements your cas	s that you actually incu my or secondary schoo se trustee with docu sunt cialmed is reaso	ependent children under 18. r, not to exceed \$137.50 per child, f I by your dependent children less the mentation of your actual expense nable and necessary and not airs	or attendence at a ; in 18 years of age. ` is, and you must (rivete or public You must provide explain why the	ş N.A.	
i.	food and the IRS N	clothing expenses exc lational Standards, not adol.gov/ust/ or from	Ing expense. Enter the total aversed the combined ellowances for foot to exceed 5% of those combined ellowed ellowed the clerk of the bankruptcy court.) Ye reasonable and necessary.	i and clothing (appa owences. (This info	irei end services) in mation is available	* N.A.	e s
45	charitab In in the	le contributions in the a form of cash or finan	Enter the amount reasonably nace form of cash or financial instruments tial instruments to a charitable organ a any amount in excess of 13% o	to a charitable orgalization as defined in	inizetion as defined n 25 U.S.C. §	\$ N.A.	
46	Total A	dditional Expense	Deductions under § 707(b).	Enter the total of Li	nes 39 through 45.	\$ N.A.	00000000
******	10.		Subpart C: Deductions for	Cabt Payment			
47	propert Average Monthly 60 mon paymen	payments on sec y thet you own, list the Monthly Payment, an Payment is the total o the following the filing its of taxes and insural	ured claims. For each of your deb name of creditor, identify the propa d check whether the payment include if all amounts scheduled as contracts of the bankruptcy case, divided by a sce required by the mortgage. If new of the Average Monthly Payments of	ts that is secured by rry securing the del as taxes and insurat sally due to each Se O. Mortgage debta a cessary, list addition	y an interest in ot, and state the noe. The Avarage cured Creditor in the		
		Name of Creditor	Property Securing the Deat	Average Monthly Peyment	Does payment include taxes or insurance?	Mily or a special section of the sec	ί,
	3 ,		200000000000000000000000000000000000000	*	☐ yes ☐ no	a.	•
×A	b.	***************************************		*	☐ yes ☐ 110		
	c.			\$	☐ yes ☐ no		
				Total: Add Unes a, b and c	***************************************	\$ NA.	

4		Name of Creditor P	roperty Securing the Debt	1/60th of the Cure Amount		
1	₩.		mmnn//////	\$		
-	5.		000000000000000000000000000000000000000			
2002	Đ,			\$		
			99999996	Totel: Add Lines a, b and c	\$	N.
	di ye	ayments on prepetition priority cli aims, such as priority tax, child support an our bankruptcy filing. Do not include cur hapter 13 administrative expense nter the resulting administrative expense.	d allmony daims, for which rent obligations, such as	you were liable at the time of those set out in Line 33.	*	N.,
	35		ır 13 plan payment	s N.A.		
	b	Current multiplier for your district schedules issued by the Executive Trustees. (This information is evel or from the clerk of the bankrupto	Office for United States isbie at www.uscoj.gov/ust		Michael Commence of the Commen	
	Ç,	Average monthly administrative en	opense of Chapter 13 case	Total: Multiply Lines a and b	\$	N.
	7	otal Deductions for Debt Payment	. Enter the total of Lines 4	7 through 50.	\$	N.
		Súbpart D	Total Deductions fr	o ni Income		
Ĭ	¥.	otal of all deductions from income	. Enter the total of Lines 38	, 46 , and 51.	\$	N,
•		Part VI, DETERMINATION	of Disposable in	ICOME UNDER § 1325(10000	7
Ť	7	otal current monthly Income. Ente			\$	XXXX N.
1	\$	upport income. Enter the monthly ave isspility payments for a dependent child, n	erage of eny child support p	ayments, foster cars payments, or oceived in accordance with	<u> </u>	***************************************

Other payments on secured claims. If any of debts listed in Une 47 are secured by your primary

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tuet make e	uch expenses necessary and ressonable.			
	Nature of special circumstances	Amount of expense		
8.		*		
b.		*		
C.		*		
		Total: Add Lines a, b and c	\$	N.
Total adjus 57 and enter	itments to determine disposable income. I the result.	add the amounts on Lines 54, 55, 56 and	\$	N./
Monthly D	lsposable Income U nder § 13 25(b) (2). S	ibtract Line 58 from Line 53 and enter	4	N.
			17	
Other Expa	Part VI. ADDITIONAL E Inses. List and describe any monthly expenses, no elfare of you and your family and that you contend a	t otherwise stated in this form, that are i	ledniu	ed for I
Other Expa health and w income under	i nses. List and describe any monthly expenses, no	t otherwise stated in this form, that are i	ledniu	ed for I
Other Expa health and w income under	inees. List and describe any monthly expenses, no effect of you and your family and that you contend a 5 707(b)(2)(A)(li)(I). If necessary, list additional strily expenses for each item. Total the expenses.	t otherwise stated in this form, that are i	equin our cur ould	ed for I
Other Expa health and w income under	inses. List and describe any monthly expenses, no effect of you and your family and that you contend a § 707(b)(2)(A)(ii)(I). If necessary, list additional s	t otherwise stated in this form, that are in hould be an additional deduction from you ources on a separate page. All figures si	equin our cur ould	ed for I
Other Expa health and w income under average mon	inees. List and describe any monthly expenses, no effect of you and your family and that you contend a 5 707(b)(2)(A)(li)(I). If necessary, list additional strily expenses for each item. Total the expenses.	t otherwise stated in this form, that are in hould be an additional deduction from you burces on a separate page. All figuress st Monthly Amo	equin our cur ould	ed for I
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Other Expensed with the second control of th	inses. List and describe any monthly expenses, no effere of you and your family and that you contend a \$ 707(b)(2)(A)(ii)(I). If necessary, list additional strily expense for each item. Total the expenses. Expense Description Total: Add Lines a, Part VII VERTE or pensity of perjury that the information provided i	t otherwise stated in this form, that are a hould be an additional deduction from yources on a separate page. All figures at Monthly Ame 8 s	Faquin fur cur nould (ed for rent ri

s wages, salary, tips me from business a and real property income rest, dividencs ion, retirement ributions to HH Exp mployment ir Income	0 0 0	0 0 0 0 0 0 0	Gross wages, salary, tips Income from business Rents and real property income Interest, dividends Pansion, retirement Contributions to HH Exp Unemployment Other Income	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0
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me from pusiness	O	ជ	Income from business	0	۵
s and real property income	O	0	Rents and real property income	٥	0
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ion, retirement	0	\$	Pension, retirement	0	Q
ributions to HH Exp	0	0	Contributions to HH Exp	Ø-	Ď.
mployment	٥	۵	Unemployment	0	0
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Additi	onal Itel	ms as	Designated, If any		
	is wages, salary, tips me from pusiness s and real property income rest, dividends ition, retirement tributions to HH Exp mployment er Income	me from business s and real property income cest, dividends cion, retirement sributions to HH Exp mployment sr Income come from business a and real property income comest, dividends comest, dividends comployment comploymen	me from business s and real property income rest, dividends plon, retirement ributions to HH Exp s Income s Income me Month S is wages, salary, tips me from business s and real property income rest, dividends priopidends cributions to HH Exp cributions to HH Exp cributions to HH Exp cributions to HH Exp cributions	me from business s and real property income cest, dividends icon, retirement cributions to HH Exp s Income Month S is wages, salary, tips s and real property income C Contributions to HH Exp C Consequence C Contributions to HH Exp C Contributions to HH Exp	me from business 0